



## MEMBERSHIP APPLICATION

PROJECT WAVE, INC. is a non-profit organization working in partnership with public and private sectors to fight the HIV/AIDS epidemic in communities of color. Project WAVE efforts are focused on HIV prevention and the importance of knowing one's HIV status.

Founded in 1999 by career radio station veteran Ernest Jackson, Jr., Project WAVE was initiated and is based in Houston, Texas. Since that time, Project WAVE has expanded to Los Angeles, Cleveland, Atlanta, Memphis, Nashville, Oakland and Boston.

In June 2001, **PROJECT WAVE NEW YORK** was founded as a partnership between local radio stations, HIV/AIDS services providers, the New York State Department of Health and local health departments. **PROJECT WAVE NEW YORK** is currently operational in the five boroughs of New York City, Long Island, Westchester County, the Buffalo/Western New York Region, Albany/Capital District and will soon expand to the Rochester and Syracuse greater metropolitan areas.

To become a member of **PROJECT WAVE NEW YORK**, please complete the information below (and on the following page) then fax this form to:

Augie Corsi  
Associate Director, Office of Special Projects  
New York State Department of Health, AIDS Institute  
Empire State Plaza, Corning Tower, Room 485  
Albany, NY 12237  
PHONE: 518-473-2903  
FAX: 518-473-8395

**Agency Name:** \_\_\_\_\_

**Agency Contact:** \_\_\_\_\_

**Alternate Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**FAX Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Not-For-Profit Agency ☐ For Profit Agency ☐

AIDS Institute Contractor YES ☐ NO ☐

**Check all HIV-related services you provide:**

- ☐ Outreach and education
- ☐ HIV/AIDS counseling & testing\* (check all that apply)

☐ Anonymous testing

☐ Confidential testing

☐ Blood test

☐ OraSure (oral) test

☐ OraQuick (rapid) test

☐ OraQuick ADVANCE rapid test

☐ Walk-in accepted

☐ Appointment only (below, list contact name and phone number to call for appointment):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Based on hours of operation and number of counselors available, how many clients can you accommodate? \_\_\_\_\_

**How does your agency report their HIV counseling and testing data:**

☐ URS

☐ NYSDOH CTS Form

☐ No data collection is used

Do you have a mobile van available for counseling & testing? YES ☐ NO ☐

How many counselors do you have available for HIV counseling and testing? \_\_\_\_\_

How many multilingual staff do you have? \_\_\_\_\_

What languages do they speak? \_\_\_\_\_